Case 1:19-cr-10063-DJC Document 208 Filed 07/22/22 Page 1 of 1 PROCESS RECEIPT AND RETURN

U.S. Department of Justice

United States Marshals Service

See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF						COURT CASE NUI	MBER	
United States of America						19-CR-10063-DJC		
DEFENDANT						TYPE OF PROCESS		
Randall Crater						Subpoena to Testify at Criminal Trial		
						ION OF PROPERTY Sommer, VP Car	TO SEIZE OR CONDEMN rd Services	
AT ADDRESS 99 Park	(Street or RFD, Avenue, 4t	Apartment No., h Floor, New	City, State and Z. V York, NY 1	<i>IP Code)</i> 0016				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW						Number of process to	1	
Scott P. Lopez, Esq.						Number of parties to	11 283	
Lawson & Weitzen, LLP 88 Black Falcon Avenue, Suite 345						served in this case	TBD	
Boston, MA 02210						Check for service on U.S.A.		
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,								
All Telephone Numbers, and Estimat	ed Times Availa	able for Service):					2	
							2022	
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					1		2	
Signature of Attorney other Originator requesting service on behalf of: DEFENDANT TELEPHONE TELEPHONE 617-439-4						NUMBER	DATE	
						990	6/28/2022	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE								
I acknowledge receipt for the total	Total Process	District of	District to Signature of Authorized USMS			Deputy or Clerk	Date	
number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)		Origin No. 3	No.54	(PA		109/22	
I hereby certify and return that I \(\square\) have personally served, \(\square\) have legal evidence of service, \(\square\) have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.								
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)								
Name and title of individual served (if not shown above)						Date	Time an	
Address (complete only different than shown above)						Signature of U.S. M	arshal or Deputy	
		Costs	shown on attack	ed USMS Cost S	<u>Sheet</u> >>			
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